



Coliform Response Assessment Form

The use and submittal of this form is recommended following exceedance of the maximum contaminant level for total coliform or fecal coliform (E. coli).

Drinking Water and Groundwater Protection Division

System Information

System Name:	WSID #:	Class of System:	1A 1B 2 3 4 4A1 4A 4B 4C D (circle one)
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Instructions

The Division recommends that this form be completed and submitted within 30 days of learning of an MCL exceedance for total coliform or fecal coliform (E.coli). Review Sections 1 - 6 below. Answer every question that applies to the water system by circling "Y" for yes or "N" for no. If a specific question is not applicable to the water system, circle "NA" for that question. If an entire section does not apply to the water system (such as if the system does not have treatment or storage facilities), circle "NA" in the section heading bar. Please then fill out Sections 7 - 9 completely. Return the signed and dated form to the Division along with any feedback you have on the use of the form itself.

Section 1: Changes or Events

NA

- | | |
|---|--|
| a) NA Y / N low/no detectable disinfectant residual | g) NA Y / N water quality parameters out of range |
| b) NA Y / N operational/maintenance activities | h) NA Y / N new source added, emergency supply used |
| c) NA Y / N firefighting event/hydrant flushing | i) NA Y / N flooding: source(s) or distribution system |
| d) NA Y / N signs of vandalism/forced entry | j) NA Y / N visible indicators of unsanitary conditions |
| e) NA Y / N rapid snowmelt | k) NA Y / N low (< 20 psi) or loss of distribution system pressure |
| f) NA Y / N heavy rainfall | l) NA Y / N other _____ |

Section 2: Sampling Site(s)/Protocol

NA

- | | |
|---|--|
| a) NA Y / N unclean or unsuitable sample tap | f) NA Y / N inadequate tap flushing |
| b) NA Y / N hot water intrusion | g) NA Y / N auto sensing faucet/swivel-type faucet |
| c) NA Y / N change in conditions at sample site | h) NA Y / N improper hold time/storage temperature |
| d) NA Y / N improper sample container | i) NA Y / N sampler error |
| e) NA Y / N aerator was not removed | j) NA Y / N other _____ |

Section 3: Source(s)

NA

Drilled/Bedrock Wells

- | | |
|---|--|
| a) NA Y / N potential source of contamination | f) NA Y / N damaged well casing |
| b) NA Y / N defective/damaged well cap/well seal | g) NA Y / N damaged or unscreened vent |
| c) NA Y / N well/pump failure (quantity concerns) | h) NA Y / N unprotected opening in pump assembly |
| d) NA Y / N damaged pitless adaptor | i) NA Y / N source overflow construction |
| e) NA Y / N damaged electrical conduit | j) NA Y / N other _____ |

Springs or Dug Wells

- | |
|--|
| a) NA Y / N potential source of contamination |
| b) NA Y / N infiltration of surface run-off |
| c) NA Y / N condition of spring box or well construction |
| d) NA Y / N source overflow construction |
| e) NA Y / N other _____ |

Surface Water

- | |
|---|
| a) NA Y / N potential source of contamination |
| b) NA Y / N recent storm event |
| c) NA Y / N Infiltration |
| d) NA Y / N other _____ |

Section 4: Treatment Process(es)

NA

- | | |
|---|---|
| a) NA Y / N change in flow rates | e) NA Y / N interruption in treatment or power loss |
| b) NA Y / N inadequate disinfection or treatment | f) NA Y / N recent installation or repair |
| c) NA Y / N turbidity measurements out of range | g) NA Y / N treatment added or changed |
| d) NA Y / N Operation and maintenance procedures not followed | h) NA Y / N other _____ |

Section 5: Storage Tank(s)				NA	
a)	NA	Y / N	improper maintenance practices	e)	NA
b)	NA	Y / N	presence of dead animals or insects	f)	NA
c)	NA	Y / N	cover/access hatch not sealed	g)	NA
d)	NA	Y / N	incorrect operation of level control valves		
Section 6: Distribution				NA	
a)	NA	Y / N	power loss (pump station)	i)	NA
b)	NA	Y / N	standing water/debris in valve vault	j)	NA
c)	NA	Y / N	low disinfection residuals	k)	NA
d)	NA	Y / N	pump or valve failure	l)	NA
e)	NA	Y / N	improper surge control	m)	NA
f)	NA	Y / N	main breaks (high and/or low service area)	n)	NA
g)	NA	Y / N	unprotected cross connection	o)	NA
h)	NA	Y / N	improper operation of valves	p)	NA
Section 7: Description of Issues and/or Sanitary Defect(s) Identified Above					
<p style="text-align: center;">Use this space to expand upon and provide additional information that supports the findings identified in Sections 1 - 6 above.</p> <p style="text-align: center;"><u>If no sanitary defects were identified, state so below.</u></p>					
Section 8: Corrective Action(s) and Proposed Timetable					
<p style="text-align: center;">Use the space below to describe the corrective action(s) taken and the date(s) completed. If the water system requires additional time to complete the corrective action(s), provide the proposed improvement timetable below.</p> <p style="text-align: center;">Water system management and/or owners must be made aware of the proposed timetable of improvement(s).</p>					
Section 9: Certification					
Print Name			Title		
Signature			Date		
<input type="checkbox"/> Certified Water System Operator <small>(circle one) Class 1A 1B 2 3 4A1 4A 4B 4C D</small>			<input type="checkbox"/> Vermont Registered Professional Engineer <input type="checkbox"/> State of Vermont Sanitary Surveyor		
<p style="text-align: center;">I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.</p>					
RETURN TO					
<p>TCR Rule Coordinator Drinking Water and Groundwater Protection Division One National Life Drive - Main 2 Montpelier, VT 05620-3521 Fax: 802-828-1541</p>					
<p style="text-align: center; font-size: small;">Complete this form and submit it to the Division within 30 days of learning of an MCL exceedance for total coliform or fecal coliform (E.coli).learning of an MCL exceedance for total coliform or fecal coliform (E.coli)</p>					